2010 Military Health System Conference

Care for the Caregiver: Strategies for Institutional and Self-Care

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27 January 2010, 1615-1700

That which is to give light must endure burning

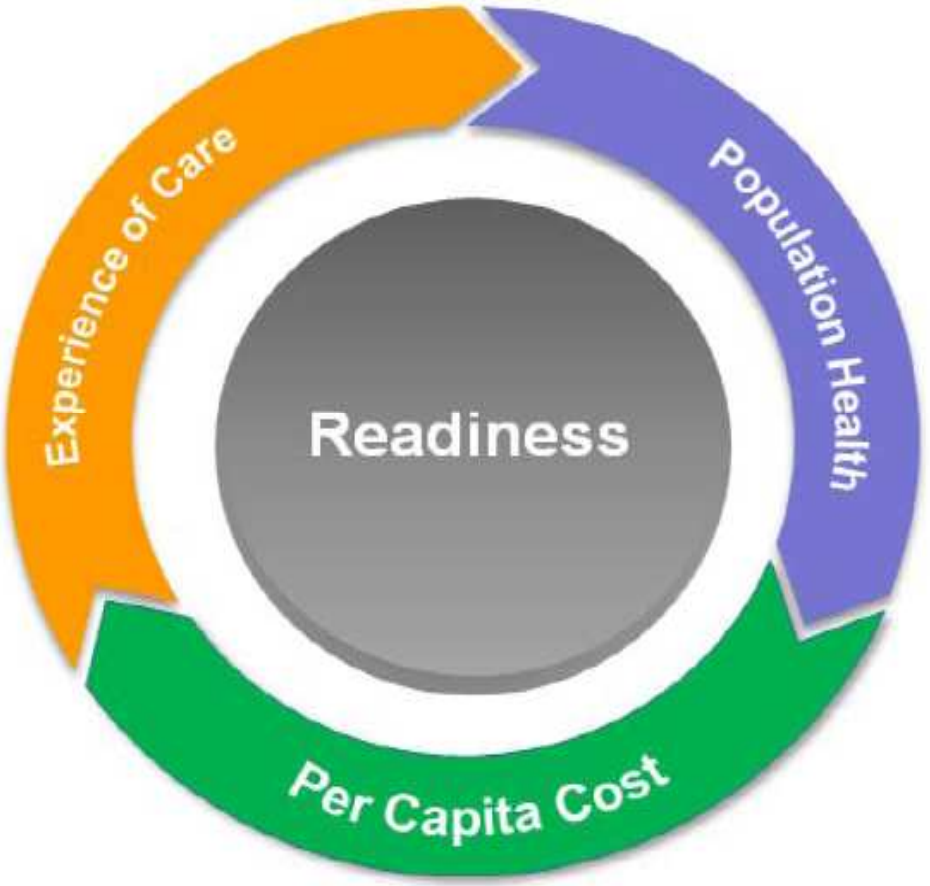
Vicktor Frankl, Man's Search for Meaning, 1963

Care for the Caregiver: Objectives

- Recognize signs of compassion fatigue and burnout in yourself
  - Identify ways to mitigate symptoms and/or increase compassion satisfaction
- Recognize signs of compassion fatigue in fellow employees
  - Identify ways to respond to a colleague or subordinate dealing with compassion fatigue, burnout or grief

How does Care for the Caregiver fit into the MHS Strategic Plan?

- Readiness
  - "ready to deploy…" and "ready to deliver…"
- Population Health
  - "…increased resilience…"
- Experience of Care
  - "…compassionate…"
- Per Capita Costs
  - "…care over time…"



Quadruple Aim

MAJ Debbie Johnson, LCSW

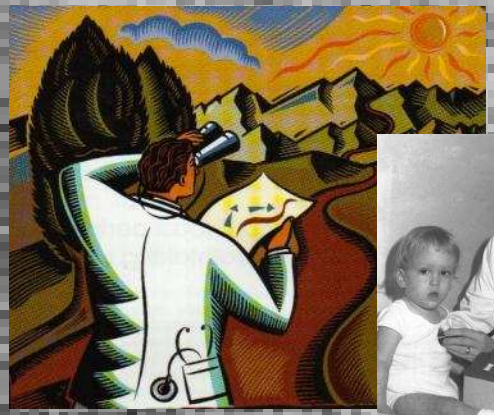
NATIONAL CENTER FOR TELEHEALTH & TECHNOLOGY
a DCoE Center

DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

PROVIDER RESILIENCY MODEL

George Patrin, MD

Pediatrician – Administrator - Commander



18 April 1987 to 7 April 2009

Care for the Caregiver
Andrew's Case: "The Considerate Suicide"

"Want to stay, can you catch me, 'cuz I'm going too fast?"

Be kind, for everyone you meet is fighting a hard battle.

Plato

Andrew's Story
The Intervention That Never Happened

23 March - Second appt in 3 months w/ 2nd FP for depression, suicidal thoughts, sent to pharmacy for new psych med, referred to "TRICARE" for routine mental health visit

3 Apr, Fri – Tells former girlfriend he will commit suicide, she alerts police who log "mental warrent" but do nothing, she goes home to parents

4 Apr, Sat – Calls friends detailing suicide plan, they believe "he'll show up"

5 Apr, Sun (0200) – Email to friends detailing suicide with will, 2nd "missing person report," insist that police look for him, weak APB sent to Nevada w/o car info

5 Apr, Sun - Stopped by security sleeping in car on private property with new shot gun & ammo in car, released after showing it's unloaded

6 Apr, Mon (1400) - Parents learn of plan from girlfriend's parents, alert CA PD who issue new report with car info obtained by brother

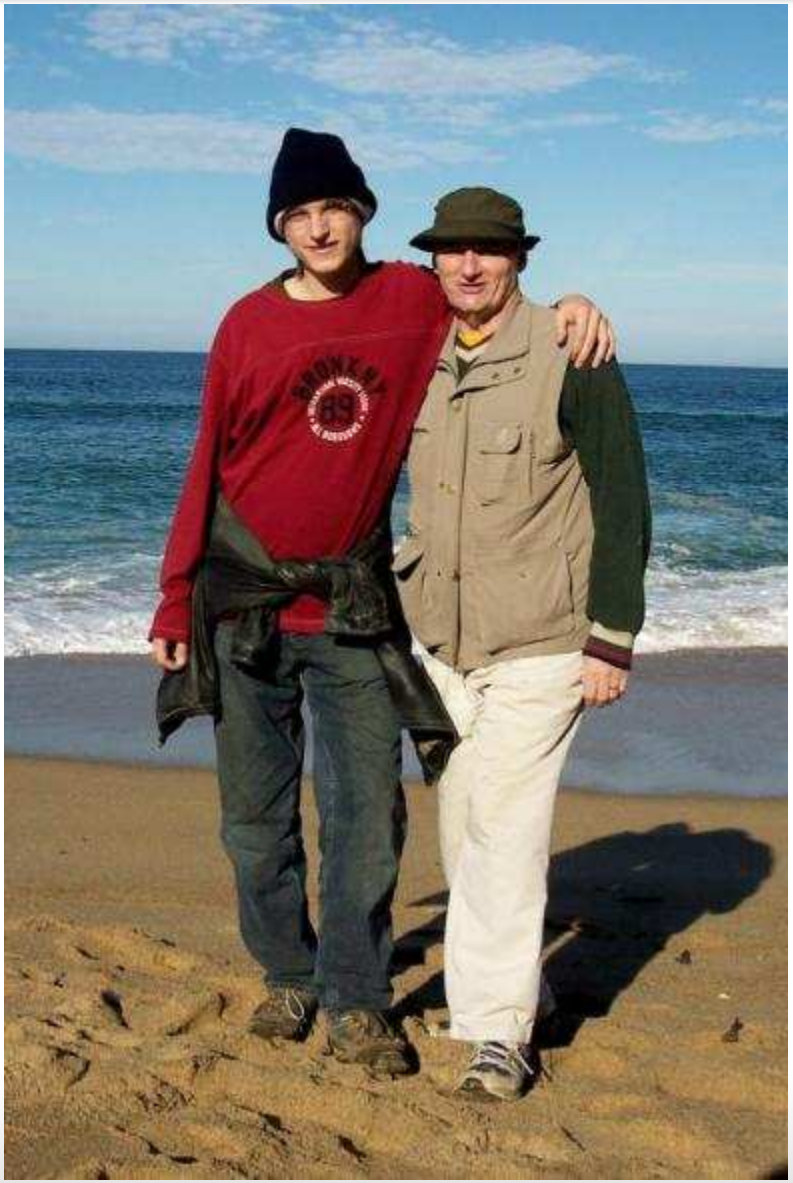
6 Apr, Mon (late PM) – Parents and CA PD call Sprint for location – "cannot give out info, get a court order"

7 Apr, 0300 - Andrew contacts family w/'last emails,' "I'm sorry," parents again contact PD and Sprint, plead for message origination, - "wait 'til business hours"

7 Apr, 1400 - Sprint concedes, locates Andrew within 50 ft…
too late, body and note found at 1338 in motel room with shotgun wound to the heart

Care for the Caregiver
Andrew's Case: "The Considerate Suicide"

"It's hard not to be bitter... not with Andrew, but with the Community/ Medical System. My entire career has been one of advocacy for improved (optimized) healthcare. I must believe that Andrew's death could have been prevented. I will continue to challenge the "system" to improve, just as I did before Andrew's death."



Provider Resiliency Model

- **Educate Yourself**
  - Who is affected? The Provider
  - What is it? Provider Fatigue
  - What is Resiliency? Strength
- **Assess Your Level**
  - What are your Provider Fatigue, Compassion Satisfaction, and/or Burnout Levels?
  - What is your resiliency level?
  - How might your resiliency be increased?
- **Take Action**
  - Increase resiliency – yours, your colleagues, your staff
  - Develop a Self Care Plan and a Personal Mission Statement
  - Seek Professional Help if needed

Educate Yourself

- **Who is the Military Care Provider?**
- **What are the important Provider Fatigue Terms?**
- **What are the effects of Provider Fatigue?**

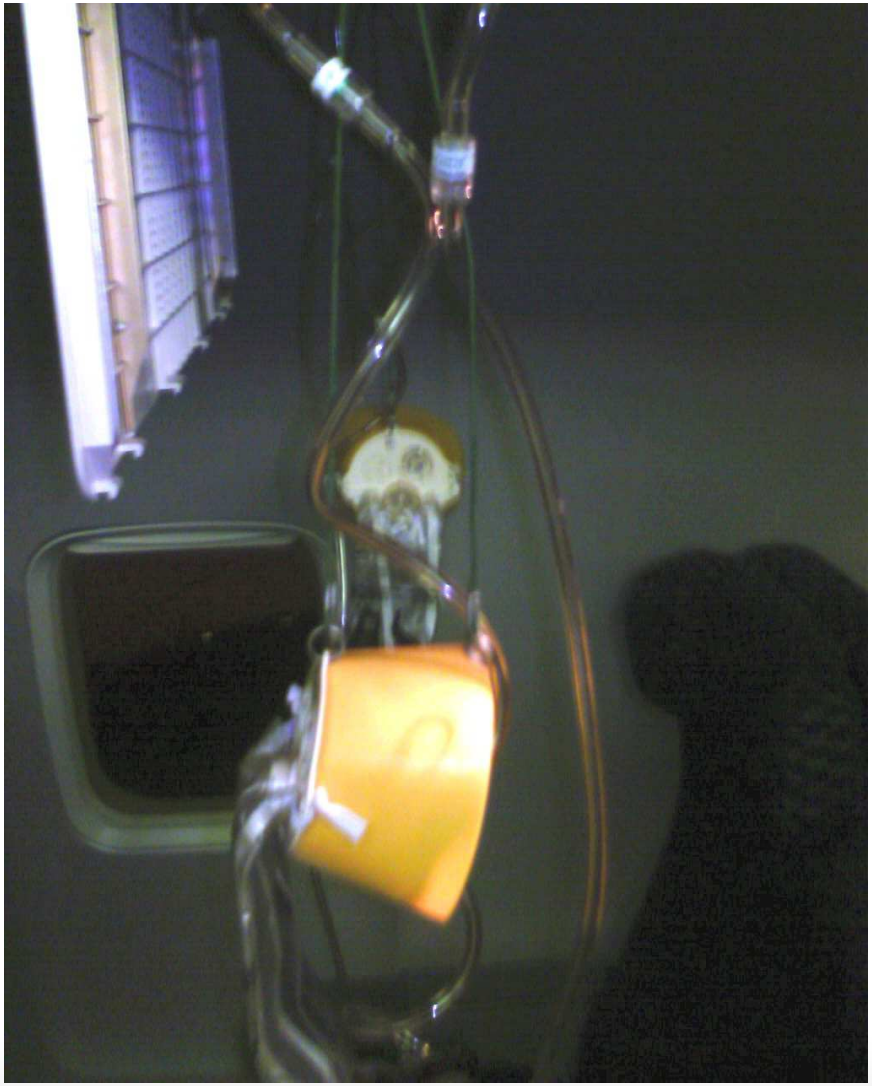
Military Care Providers

- **ALL who provide services to those who have experienced some level of trauma or suffering**

Military Care Providers

- **Highly motivated, trained, and skilled**
- **Trained in an intensely “zero-defect” environment**
- **Achieving and striving**
- **Overdeveloped sense of responsibility**
- **Taught, trained, rewarded for sacrificing own lives for patient needs**

Military Care Providers

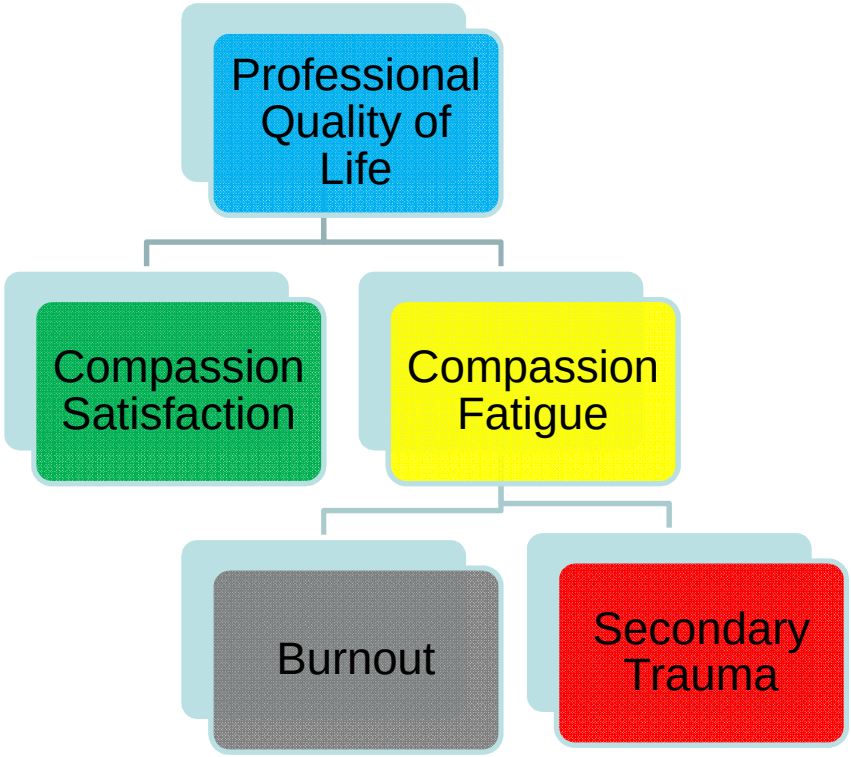


Terms

- Primary Traumatic Stress
- Secondary Traumatic Stress
- Burnout
- Compassion Fatigue
- Compassion Satisfaction
- Provider Fatigue
- Resiliency

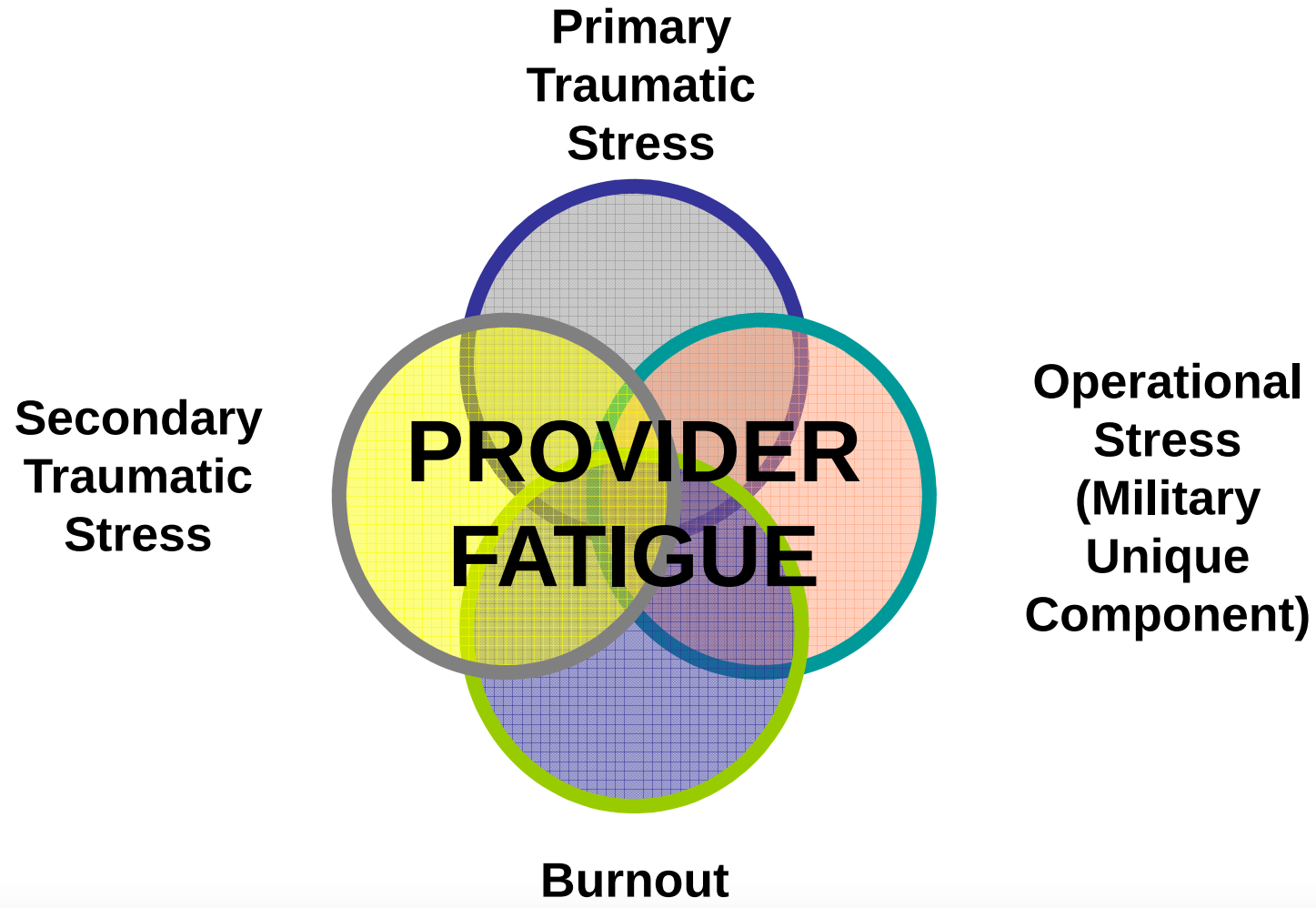
Source: “Compassion Fatigue,” Figley (Ed.) 1995

Professional Quality of Life



Stamm, B.H. (2009). The Concise ProQOL Manual. Pocatello, ID: ProQOL.org.

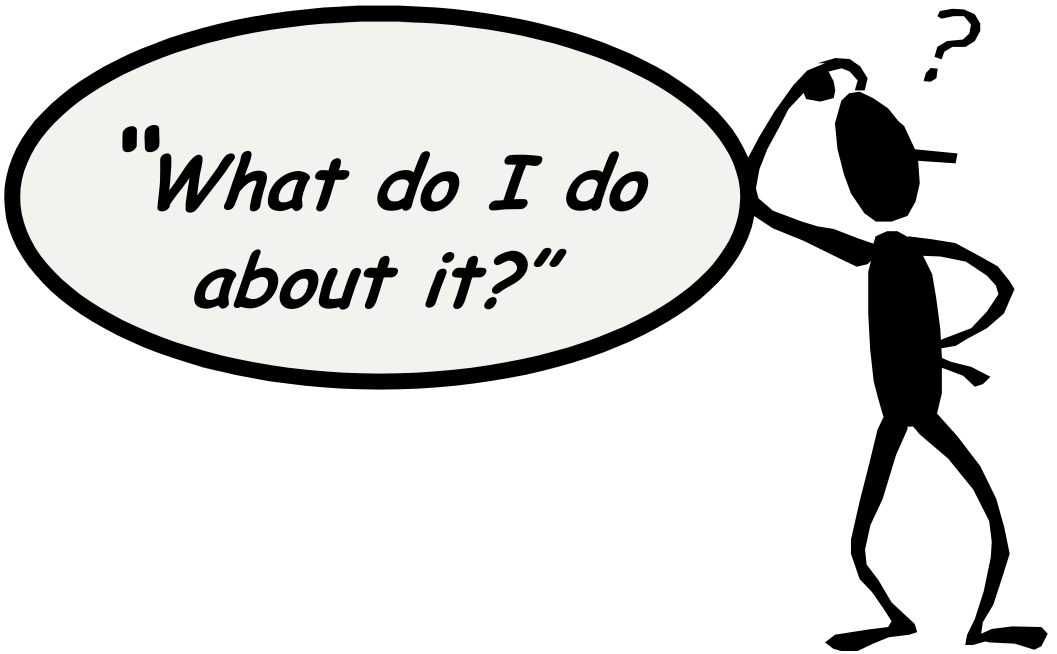
Synergistic Effect



Resiliency

- **The ability of something to regain its shape after being bent, stretched, or compressed**
- **Resiliency is about who you are while stress management is about what you do**

Now that I'm *E*ducated…



*A*ssess: Self Help Test

- **Administer the ProQOL: Professional Quality of Life: Compassion Satisfaction and Fatigue, Version 5 (Stamm, 2009) to all participants**

- **Score test as directed to determine participant's level of compassion satisfaction, secondary traumatic stress, and burnout**

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

Effects of Provider Fatigue

Source: "Compassion Fatigue," Figley (Ed.) 1995

Effects of Provider Fatigue

- **Work Performance**
  - Decrease in quality
  - Decrease in quantity
  - Low motivation
  - Avoidance of job tasks
  - Increase in mistakes
  - Setting perfectionist standards
  - Obsession about details

Effects of Provider Fatigue

- **Morale**
  - Decrease in confidence
  - Loss of interest
  - Dissatisfaction
  - Negative attitude
  - Apathy
  - Demoralization
  - Lack of appreciation
  - Detachment
  - Feelings of incompleteness

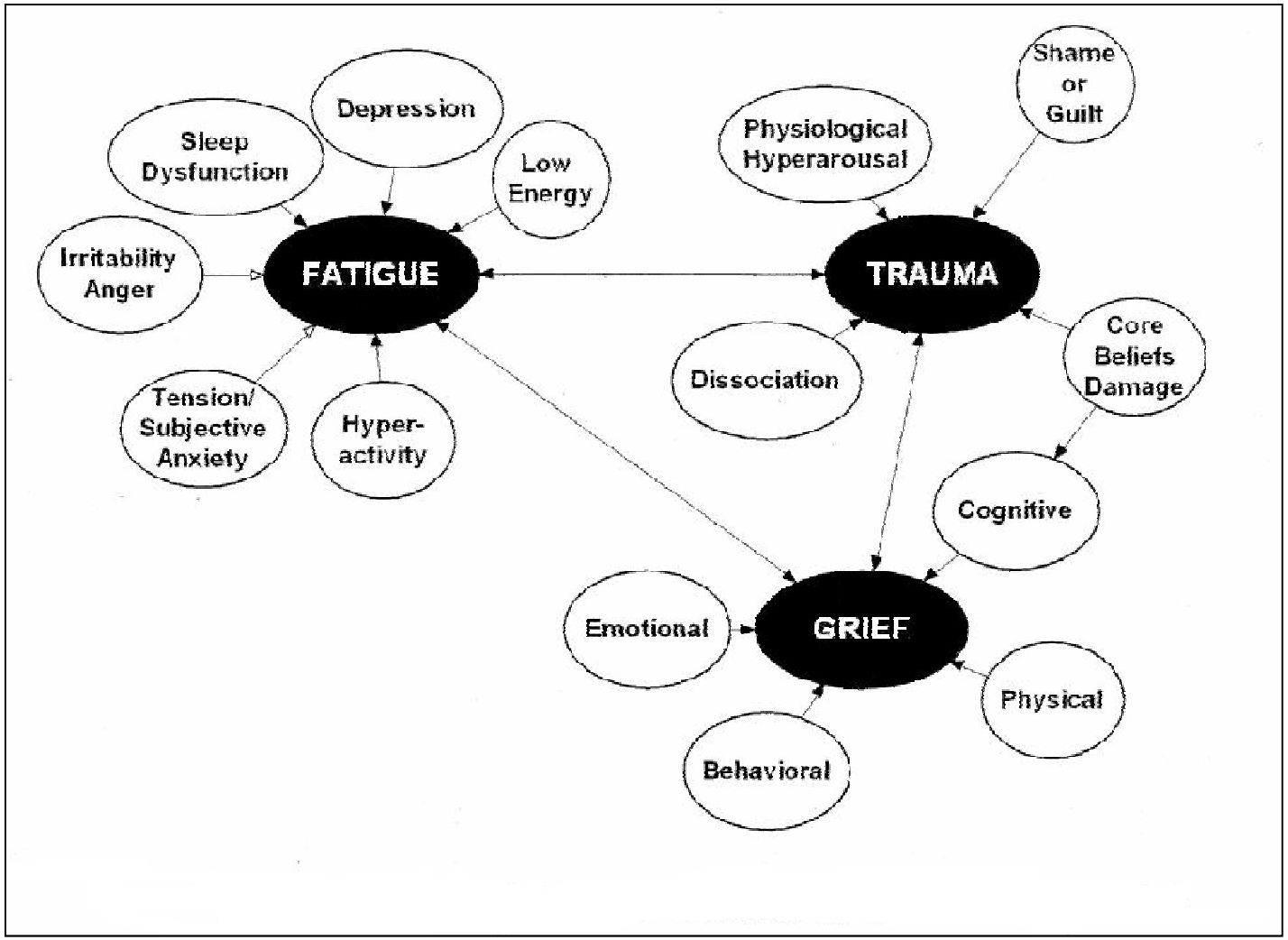
Effects of Provider Fatigue

- **Behavioral**
  - **Absenteeism**
  - **Exhaustion**
  - **Faulty judgment**
  - **Irritability**
  - **Tardiness**
  - **Irresponsibility**
  - **Frequent job changes**
  - **Overwork**

Effects of Provider Fatigue

- **Interpersonal**
  - **Withdrawal from colleagues**
  - **Impatience**
  - **Decrease in quality of relationship**
  - **Poor communication**
  - **Subsume own needs**
  - **Staff conflicts**

Impact of Combat Stress Injuries



(Figley & Nash, 2007)

TAKE ACTION – Resiliency

Building Resiliency

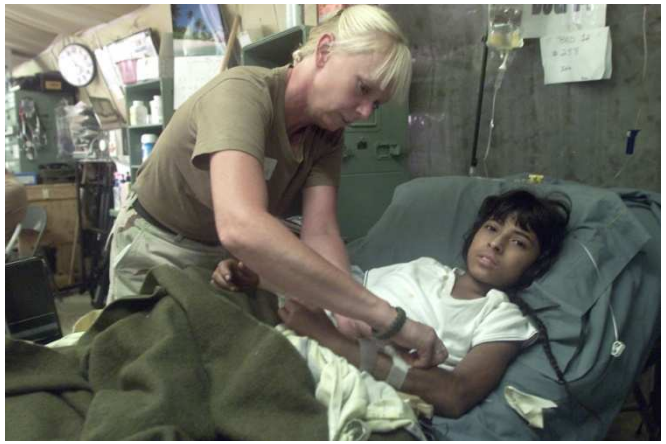
- **Building resiliency involves doing two difficult things, simultaneously, in a stressful situation…**
  - **Self Soothing**
  - **Self Confronting**

Building Resiliency

- **Self-soothing without self-confronting leads to *avoidance***
  - **Avoidance may include withdrawing, being demanding, emotionally-driven, eating, substance abuse, etc.**
- **Self-confronting without self-soothing leads to *beating yourself up***
  - **Growing may involve backing off & letting go of control of a situation**

Building Resiliency

- **Physically**
- **Mentally**
- **Emotionally**
- **Spiritually**
- **Socially**



Take Action: Create a Self-Care Plan

- Implement resiliency action into your life
- Based on your appraisal, decide which area(s) of your life need(s) improved resiliency activities
- Create a Self-Care Plan
- Choose an accountability buddy for your self-care plan

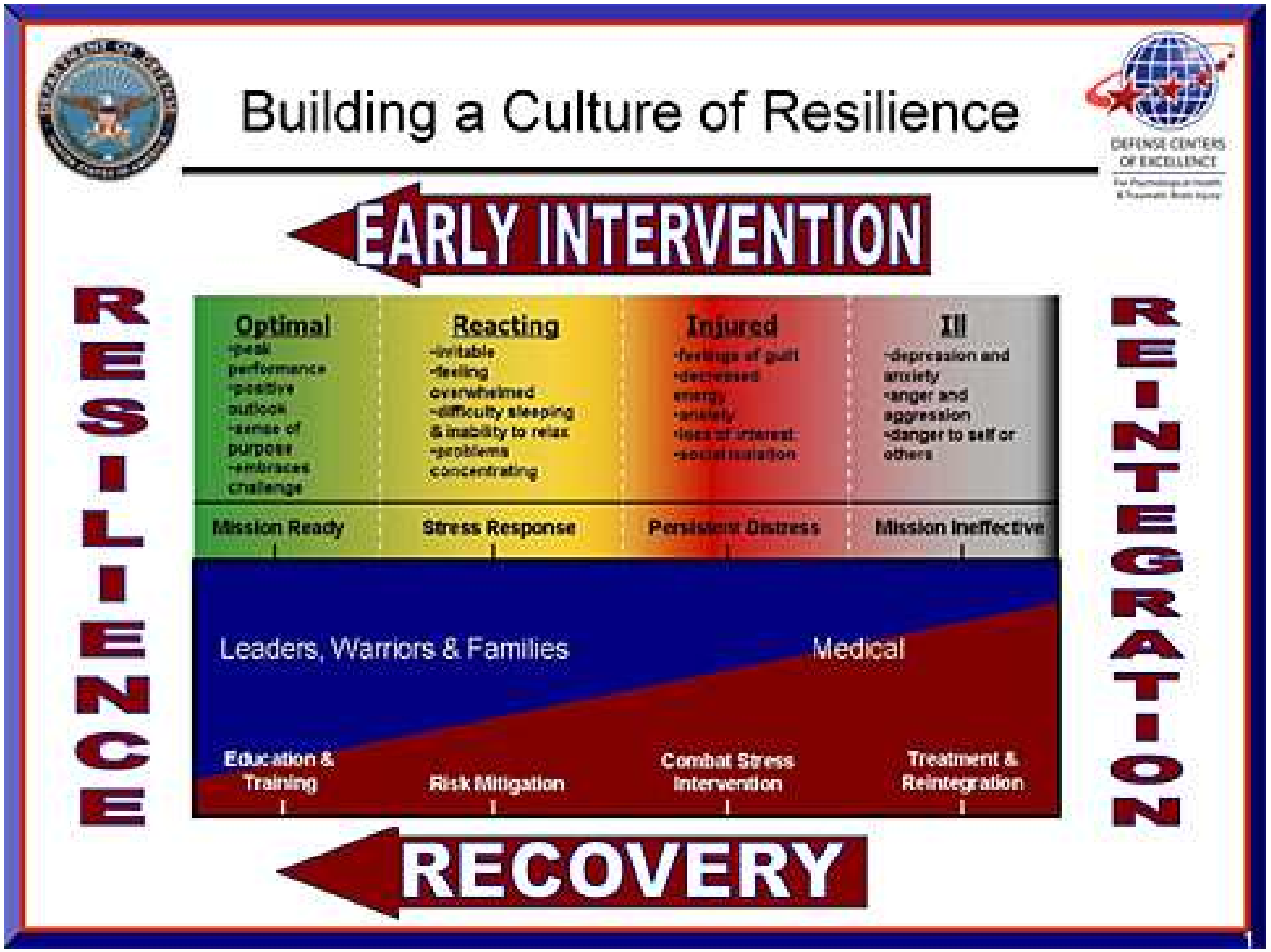
Take Action: Choose Help

- **Buddy Aid**
  - **Buddies are good to share with, but if you need professional help, find an appropriate counselor**
  - **Buddies are not trained counselors so seeking professional assistance from a buddy does not honor the friendship for either party**
  - **When a buddy is a trained professional sharing about therapy issues may put strain on the relationship as objectivity is difficult**

Take Action: Choose Help

- **Professional Help**
  - **Professional help is needed when:**
    - **Your thoughts are overwhelming to the point of being frightened or distressed**
    - **You think of harming yourself or others**
    - **You get feedback from family or friends expressing concern about your well being and advising you to seek help**
    - **You need someone to talk to about your experiences and feelings**

DCoE Resilience Continuum



http://www.dcoe.health.mil/HowWeDoIt.aspx

Signs of (Situational) Depression

(lasting two or more weeks)

- **Frequent sadness, tearfulness, crying**
- **Increased irritability, anger, or hostility**
- **Loss of interest in activities; unable to enjoy favorite activities**
- **Hopelessness**
- Boredom; low energy
- **Isolating, poor communication (a "bummer")**
- **Low self-esteem and guilt**
- **Extreme sensitivity to rejection or failure**
- **Difficulty with relationships**
- **Frequent complaints of physical illness (low back pain, vertigo)**
- **Missing work (school), drop in performance**
- **Poor concentration**
- **Major change in eating and/or sleeping patterns**
- **Thoughts or expressions of suicide or self-destructive behavior**

Source: American Academy of Child & Adolescent Psychiatry

Care for the Caregiver
Strategies for Institutional and Self Care

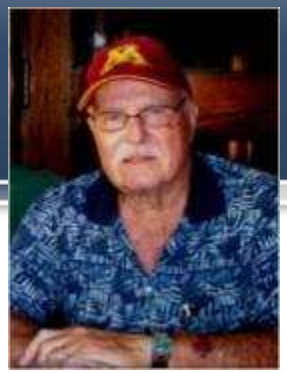
How can (and why do) these things happen?

- **Group Think/ Unit Behavior**
- **Attribution theory, Actor/Observer Bias**
- **Cognitive Dissonance**

Always ask –

"Who's the patient?"

(use your "circle of influence," but don't enable dysfunction)



Care for the Caregiver
Strategies for Institutional and Self Care

"Grandfather (Dad) Wisdom"
Coping with Negative Outcomes

- Some decisions turn out badly; but were good at the time
- Did the best we could…back then, but can change for next case...learn from mis-steps…don't repeat same error(s)
- Why didn't we see it coming? Help ourselves, figure out what made it happen, avoid another tragedy, spare others the heart ache
- Know that we are good parents/ caregivers in accepting responsibility to learn from each case
- Help families grieve, look ahead, and keep in touch with remaining children, promote health and well being

Care for the Caregiver
Strategies for Institutional and Self Care

Postvention - Keys to being a great colleague, friend

- Don't get tripped up by intellectual lack of understanding
- Make eye contact (don't avoid)
- Be willing to interact (like we are the same person you always knew)
- Say "I'm sorry," and then wait, listen
- It's OK to say, "This topic frightens me, I don't know what to say…" (then just give a hug and let tears go)
- "Push" help, don't make the grieving person ask
- Give some slack for the 1st year (70% is the best one can give when situationally depressed)

Take Action: Leaders

- Care of our people is our highest priority
  - Mission FIRST but people ALWAYS
- Let the Provider know that you are aware of their situation and offer help
- Be available to talk with subordinates
- Give the provider an opportunity to talk about their experiences and feelings
- Allow Providers sufficient time to recover from duties – physically and mentally

Take Action: Leaders

- Give Provider private time to do some different work and/or catch up on tasks
- Keep Providers informed
- Be clear about expectations and be realistic about them
- Allow subordinates to seek clarification on policies without becoming defensive or seeing subordinate as disloyal
- Try not to take Provider's actions personally

Take Action: Leaders

- **Give credit and reward a job well done**

AND LAST BUT NOT LEAST…

  - **Take care of YOURSELF as a leader**
  - **Maintain a positive attitude during periods of adversity and challenge**
  - **A leader's resiliency and mental toughness will shine through as he/she overcomes obstacles and setbacks**

Questions

Counseling Sources

- **Military OneSource:**
  - **1-800-342-9647**
  - **www.militaryonesource.com**
  - **internationally toll free at 00-800-3429-6477**
  - **internationally dial collect at 484-530-5947**

- **Contact local services:**
  - **Behavioral Health Teams**
  - **Combat and Operation Stress Control Unit**
  - **Unit Ministry Teams**

Additional Resources

- **DCoE Outreach Center:**
  - Phone: 866-966-1020
  - E-mail: resources@dcoeoutreach.org
  - Live Chat at http://www.dcoe.health.mil/24-7help.aspx

- **www.afterdeployment.org**
- **www.realwarriors.net**
- **www.militarymentalhealth.org**

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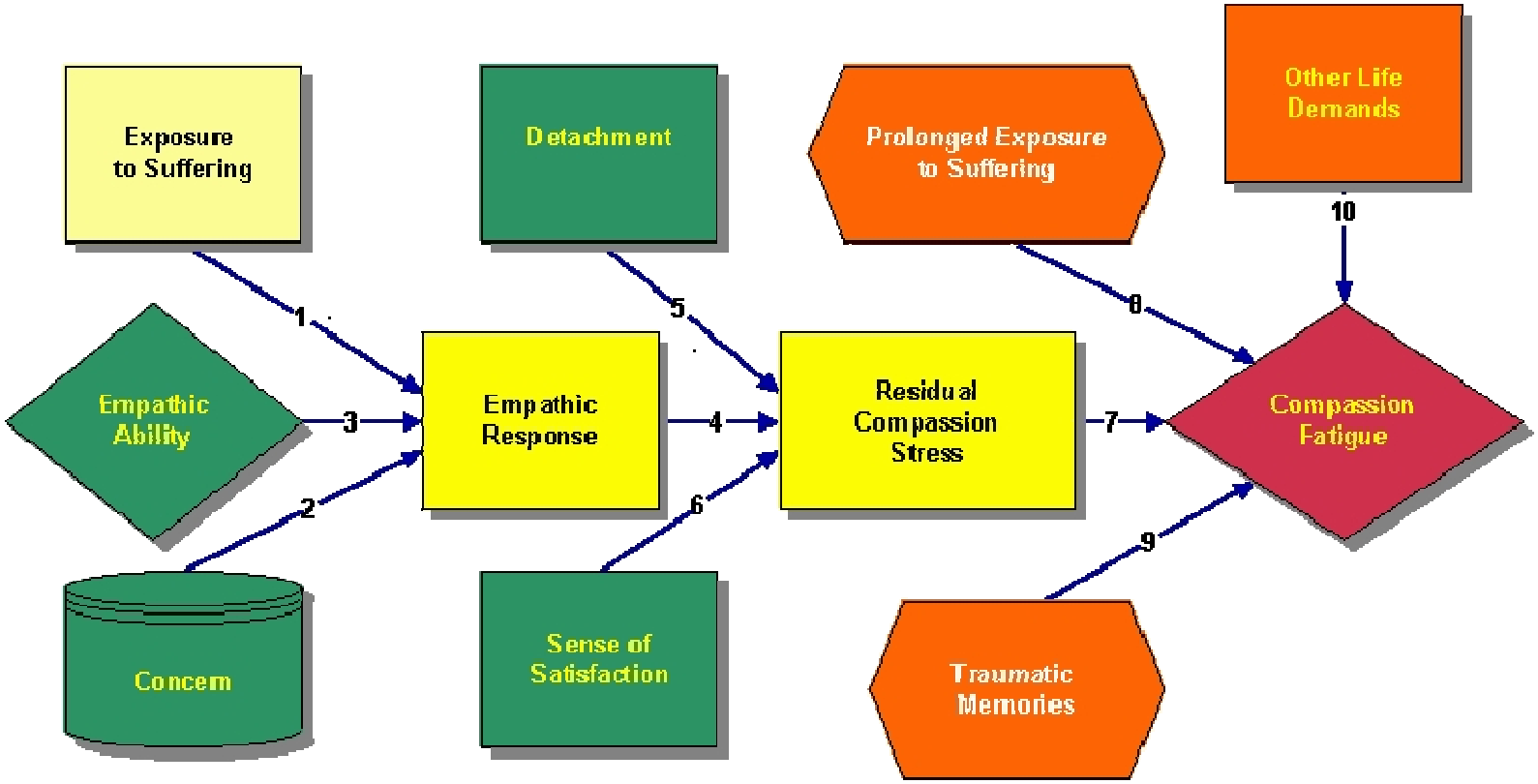
References

- **“When Helping Hurts: Preventing & Treating Compassion Fatigue”, Video, Gift From Within, www.giftfromwithin.org,17 Minute Preview, 2006**

Compassion Fatigue Model



The Compassion Fatigue Process (Figley, 2001)